

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CITIZENS FOR ADAM LOPEZ

ADDRESS (number and street)

2917 LAKESHIRE DR.

Check if different
than previously
reported. (ACC)

SPRINGFIELD

IL

62707

2. FEC IDENTIFICATION NUMBER ▼

C

C00577890

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IL

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
07 / 07 / 2015in the
State of

IL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2015

through

M M / D D / Y Y Y Y
06 / 17 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Anthony J. DelGiorno

Signature of Treasurer

Anthony J. DelGiorno

[Electronically Filed]

Date

M M / D D / Y Y Y Y
06 / 25 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR ADAM LOPEZ

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8138.02	8138.02
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8138.02	8138.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8400.23	8400.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8400.23	8400.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	137.79	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10495.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 13

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CITIZENS FOR ADAM LOPEZ

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

4874.02

4874.02

(ii) Unitemized.....

3264.00

3264.00

(iii) TOTAL of contributions from individuals ▶

8138.02

8138.02

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8138.02

8138.02

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

400.00

400.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

400.00

400.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8538.02

8538.02

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8400.23	8400.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8400.23	8400.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8538.02
25. SUBTOTAL (add Line 23 and Line 24).....	8538.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8400.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	137.79

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CITIZENS FOR ADAM LOPEZ

A. Full Name (Last, First, Middle Initial) Robert Bietsch			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 1817 N. 23rd			Transaction ID : SA11AI.4238		
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period 239.02 In-kind - food for fundraiser on 5/28/15		
FEC ID number of contributing federal political committee. C					
Name of Employer retired		Occupation retired			
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 339.02			
B. Full Name (Last, First, Middle Initial) Justin Chance			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015		
Mailing Address 1965 Stanhope Road			Transaction ID : SA11AI.4183		
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Country Financial		Occupation Executive Assistant			
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 2700.00			
C. Full Name (Last, First, Middle Initial) Tom Kohlrus			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 2100 N. 22nd St			Transaction ID : SA11AI.4258		
City Springfield	State IL	Zip Code 62702	Amount of Each Receipt this Period 435.00 In-kind - hall rental and drinks for fundraiser held 5/28/15		
FEC ID number of contributing federal political committee. C					
Name of Employer Tony's Electric		Occupation Owner			
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary		Election Cycle-to-Date 435.00			
SUBTOTAL of Receipts This Page (optional).....			3374.02		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CITIZENS FOR ADAM LOPEZ

Full Name (Last, First, Middle Initial)

Andrew O'Brien

Mailing Address 2700 Westport Dr.

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP Morgan Chase

Occupation

Financial Representative

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Andrew O'Brien

Mailing Address 2700 Westport Dr.

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP Morgan Chase

Occupation

Financial Representative

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2015

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

4874.02

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 13

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CITIZENS FOR ADAM LOPEZ

Full Name (Last, First, Middle Initial)

Adam Lopez

Mailing Address 2917 LAKESHIRE RD

City

SPRINGFIELD

State

IL

Zip Code

62707

FEC ID number of contributing
federal political committee.

C H6IL18120

Name of Employer

Country Financial

Occupation

Financial Representative

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-Primary

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : SA13A.4237

Amount of Each Receipt this Period

400.00

cash loan

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

400.00

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CITIZENS FOR ADAM LOPEZ

Full Name (Last, First, Middle Initial)

A. Robert Bietsch

Mailing Address 1817 N. 23rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2015

City	State	Zip Code
Springfield	IL	62702

Amount of Each Disbursement this Period

239.02

Purpose of Disbursement
In-kind - food for fundraiser on 5/28/15Category/
Type**Transaction ID : SB17.4240**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State:

District:

Full Name (Last, First, Middle Initial)

B. Capitol Promotions

Mailing Address PO Box 231

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

City	State	Zip Code
Glenside	PA	19038

Amount of Each Disbursement this Period

1375.00

Purpose of Disbursement
yard signs

006

Category/
Type**Transaction ID : SB17.4241**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State:

District:

Full Name (Last, First, Middle Initial)

C. Democratic Party of Illinois

Mailing Address 1201 S. Veterans Parkway; Suite C

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

City	State	Zip Code
Springfield	IL	62704

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
votebuilder (voter database) access

001

Category/
Type**Transaction ID : SB17.4242**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1864.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CITIZENS FOR ADAM LOPEZ

Full Name (Last, First, Middle Initial)

A. Frye Williamson Press

Mailing Address 901 N. MacArthur

City	State	Zip Code
Springfield	IL	62702

Purpose of Disbursement
postcard printing

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.4245

B. Frye Williamson Press

Mailing Address 901 N. MacArthur

City	State	Zip Code
Springfield	IL	62702

Purpose of Disbursement
mailer printing and postage for fundraiser

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2015

Amount of Each Disbursement this Period

1046.75

Transaction ID : SB17.4244

c. Gem PR & Media

Mailing Address 466 Elle Ct

City	State	Zip Code
Springfield	IL	62711

Purpose of Disbursement
public relations

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) Special-Primary

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4247

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4226.75

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 13

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4237

CITIZENS FOR ADAM LOPEZ

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2015

Adam Lopez

☐ Primary☐ General☒ Other (specify) ▼

Special-Primary

Mailing Address

2917 LAKESHIRE RD

City

State

ZIP Code

SPRINGFIELD

IL

62707

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 26 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/15

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

400.00

TOTALS This Period (last page in this line only)..... ►

400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR ADAM LOPEZ

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gem PR & MediaNature of Debt (Purpose):
public relations

Mailing Address 466 Elle Ct

City State

Zip Code

Springfield

IL

62711

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4169

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gem PR & MediaNature of Debt (Purpose):
public relations

Mailing Address 466 Elle Ct

City State

Zip Code

Springfield

IL

62711

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4170

Amount Incurred This Period

5190.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

5190.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Rammelkamp Bradney P.C.Nature of Debt (Purpose):
legal services

Mailing Address 232 W. State St.

City

State

Zip Code

Jacksonville

IL

62650

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4171

Amount Incurred This Period

1054.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

1054.25

1) **SUBTOTALS** This Period This Page (optional) ▶

8745.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR ADAM LOPEZ

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Two Seventeen Consulting

Nature of Debt (Purpose):

website development final payment

Mailing Address 3903 Watertown Lane

City State

Zip Code

Bloomington

IL

61705

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4261

Amount Incurred This Period

1350.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1350.00

2) **TOTALS** This Period (last page this line number only)

10095.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

400.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

10495.00